

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0917430521

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL	2						TOTAL IND.							
TOTAL	8						TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

BEST AVAILABLE COPY